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EXPLANATION OF PLATES.

PART I.

BLENNORRHAGIA.

PLATE I.

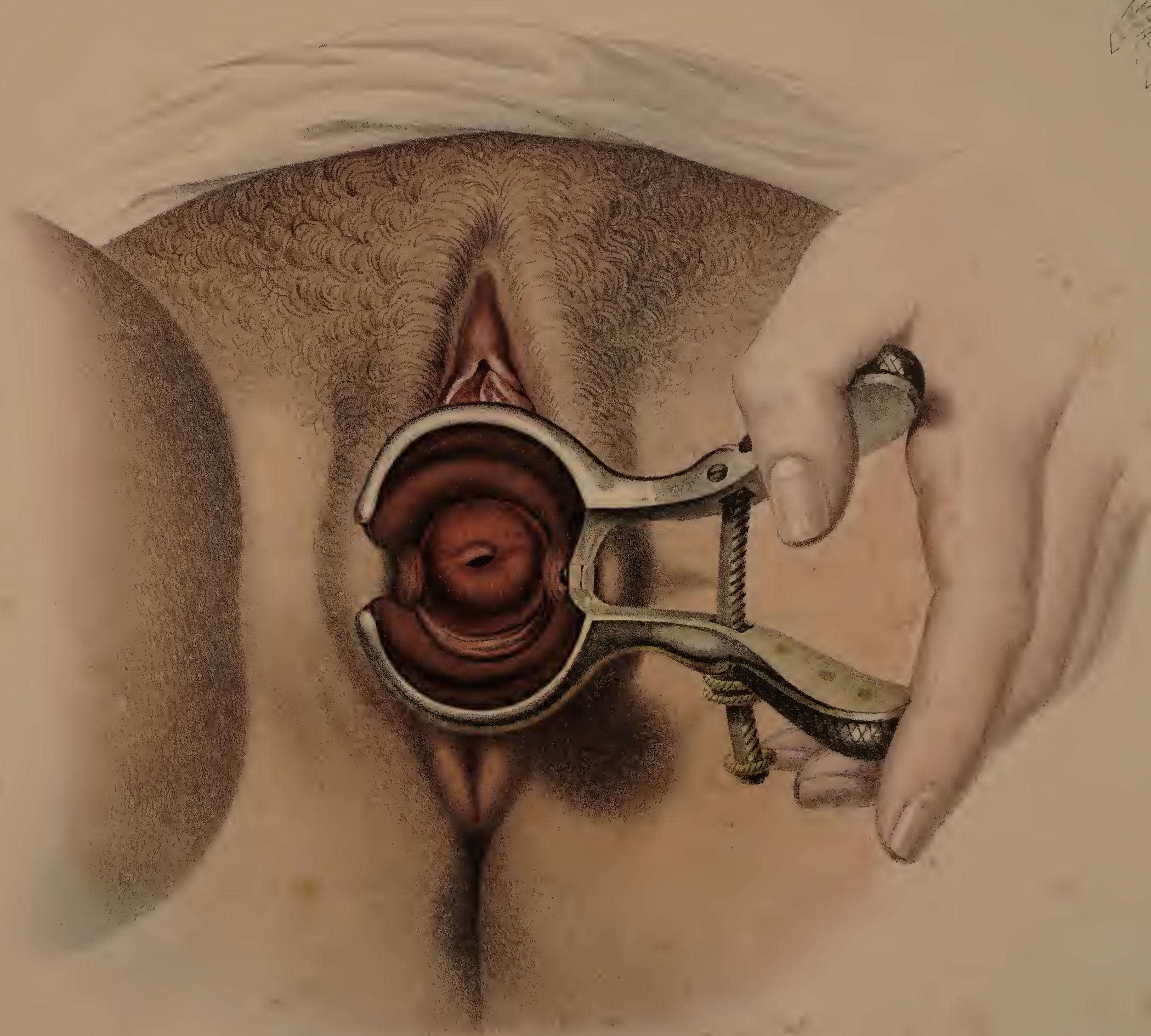
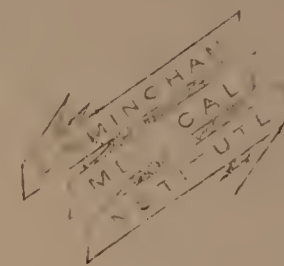
PLATE I.

FIG. 1.—FIRST STAGE.

THE annexed plate was taken from a remarkably well-formed female, in the Hôpital de L'Ourcine, Paris. The drawing represents the speculum introduced, the patient lying on the bed, and supporting the handles of the instrument. She had led a very dissolute life for a long period, although only twenty-one years of age. The nipple shape of the os uteri, and its transverse opening, are well seen, and prove that this female has never been impregnated. The increased redness of

the vagina and os tincæ bespeak inflammation which had existed only a few days. She stated that this was her first venereal complaint, and that she had never been prevented from following her avocations. The menstrual function was performed regularly; and she would have been unaware of any disease existing, had it not been from a slight pain in making water, and several persons having contracted the disease during the preceding days.

Fig. 1.



PART I.

BLENNORRHAGIA.

PLATE II.

PLATE II.

FIG. 2.—EXCORIATION.

THE subject of this drawing had suffered many months from a greenish purulent discharge. She was a married woman, and attributed it to a disease which her husband had contracted about the same period. The introduction of the instrument was not attended with much pain. The characters of the excoriated condition of the epithelium, and the colour of the secretion, show the analogy which it bears to balanitis in the male.

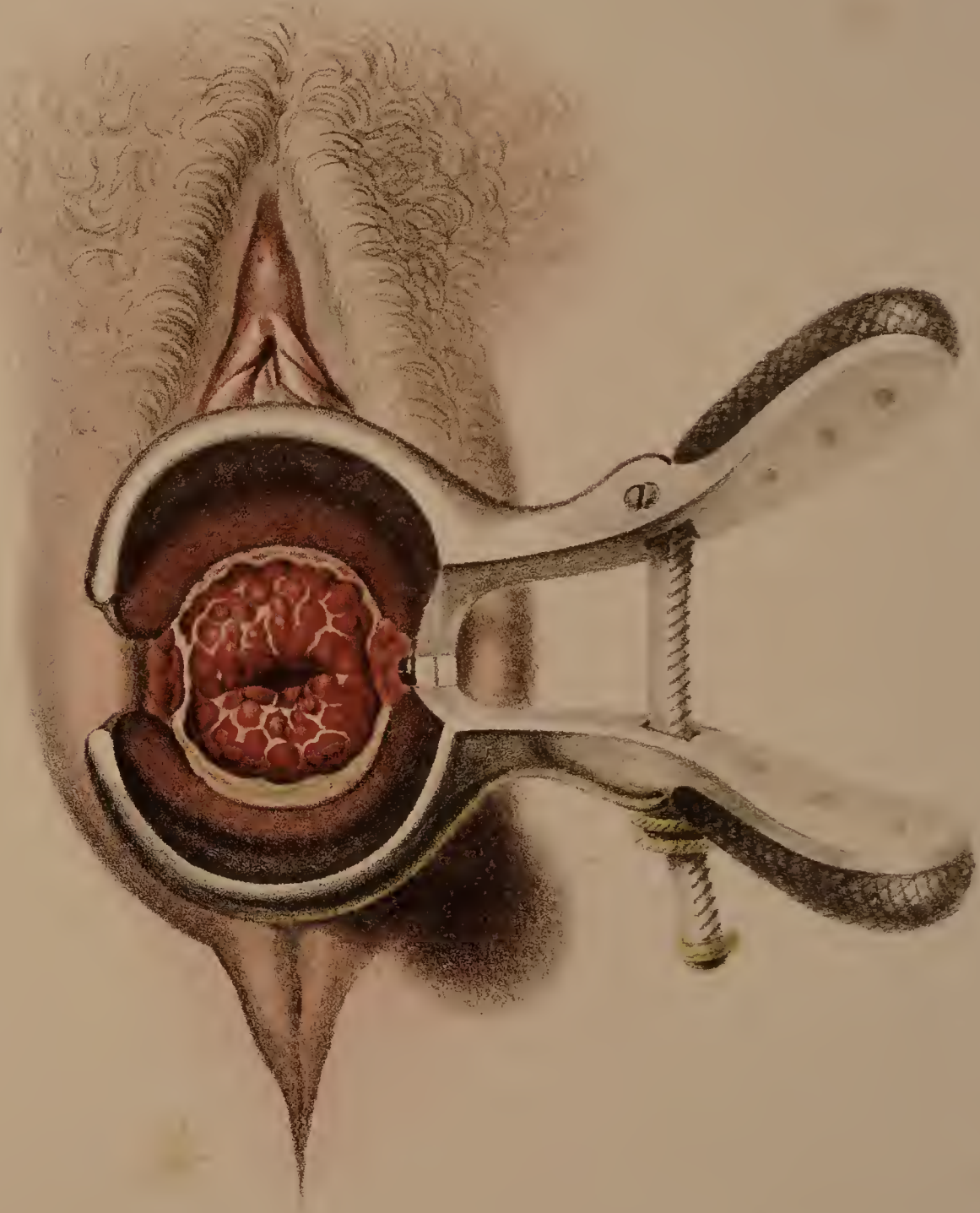
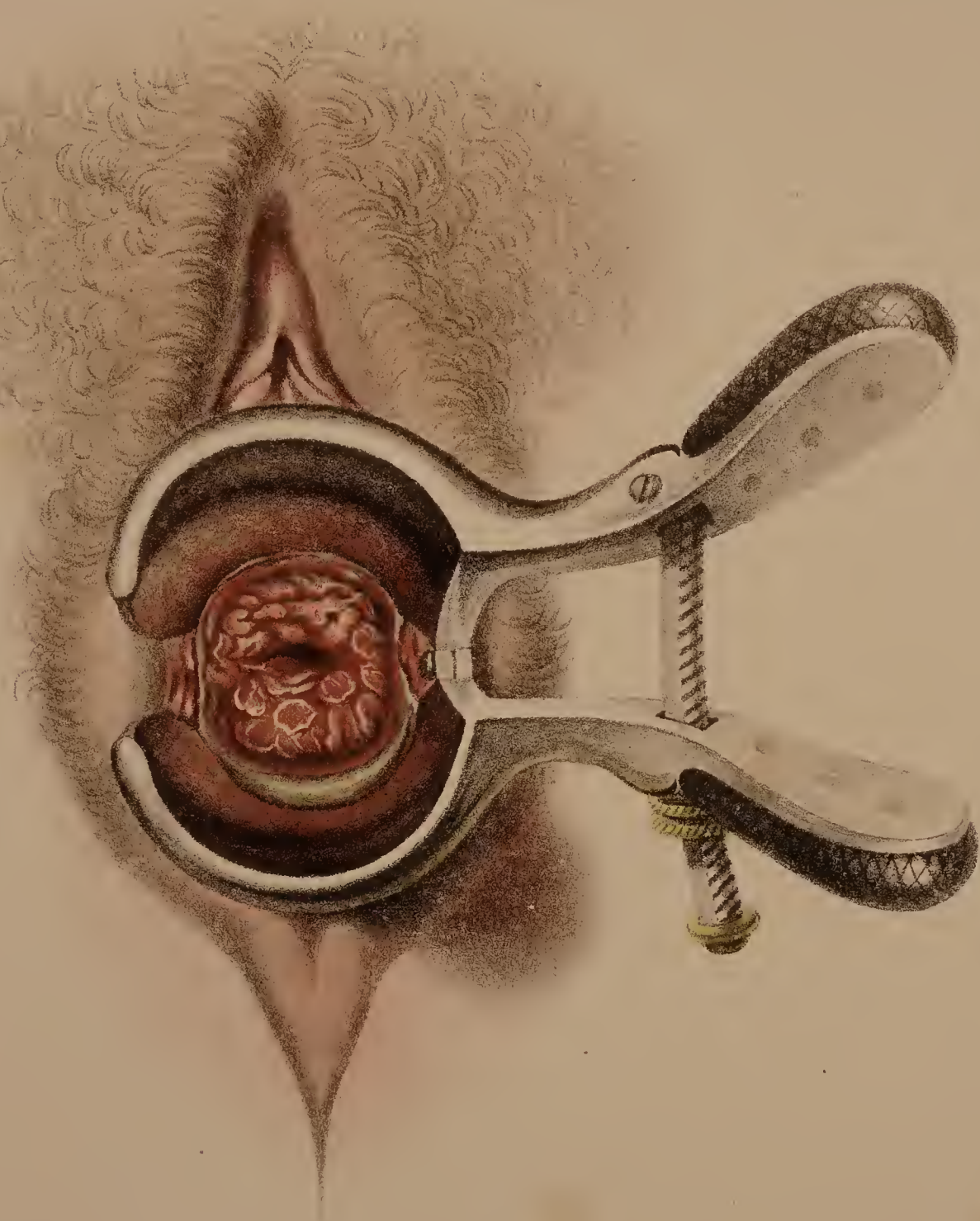
FIG. 3.—GRANULAR CONDITION.

THIS granular appearance of the os uteri and vagina is a very marked instance of what is often to be met with in the hospitals of Paris and London; though generally in a less degree. The subject of it was a short stout female servant; she stated that a discharge from the vagina had appeared eight months previously, and had continued to increase. The introduction of the instrument was very painful. The secretion was purulent, of a green colour, of the consistence of cream, and so abundant that it ran out of the speculum. The analogy between this disease, and the granular condition of the conjunctiva in chronic affections of that membrane, cannot escape the notice of the surgeon.

Fig. 2.

EXAMINER
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Fig. 3.



Engraved in Colors by C. Hallman.

Excoriation

Granular Condition.

PART I.

BLENNORRHAGIA.

PLATE III.

PLATE III.

FIG. 4.—ULCERATIONS.

The adjoining plate was taken from a female, the wife of a shoemaker at Tours ; she came to Paris in consequence of a discharge which had existed twenty months. This patient attributed it to abortion which occurred about that period ; her husband, she stated, had suffered from several successive venereal complaints. Inoculation was tried on several and separate occasions, by M. Vidal de Cassis and myself, but the inoculated point healed in twenty-four hours, and as we always failed in producing the characteristic pustule, we concluded that these ulcers were not specific.

FIG. 5.—CATARRH.

This affection occurred in a young girl, a Belgian by birth, seventeen years of age, who presented a lymphatic temperament. She had been placed as servant to wait upon an old lady in Paris, and entered the hospital for a discharge. She stated, that previous to her arrival in Paris she had used much exercise in the open air, but during the last few months had hardly ever left the house, and lived in a very crowded and damp situation. The condition of the os tincae in young females is well shown, but the mucous membrane is paler than usual. The artist has very correctly represented the glairy white of egg like discharge proceeding out of the os uteri, in which we occasionally meet with globules of pus, a secretion very different from those witnessed in the other forms of blennorrhagia.

BLENNORRHOEA.

Part I Plate III.

Fig. 4.

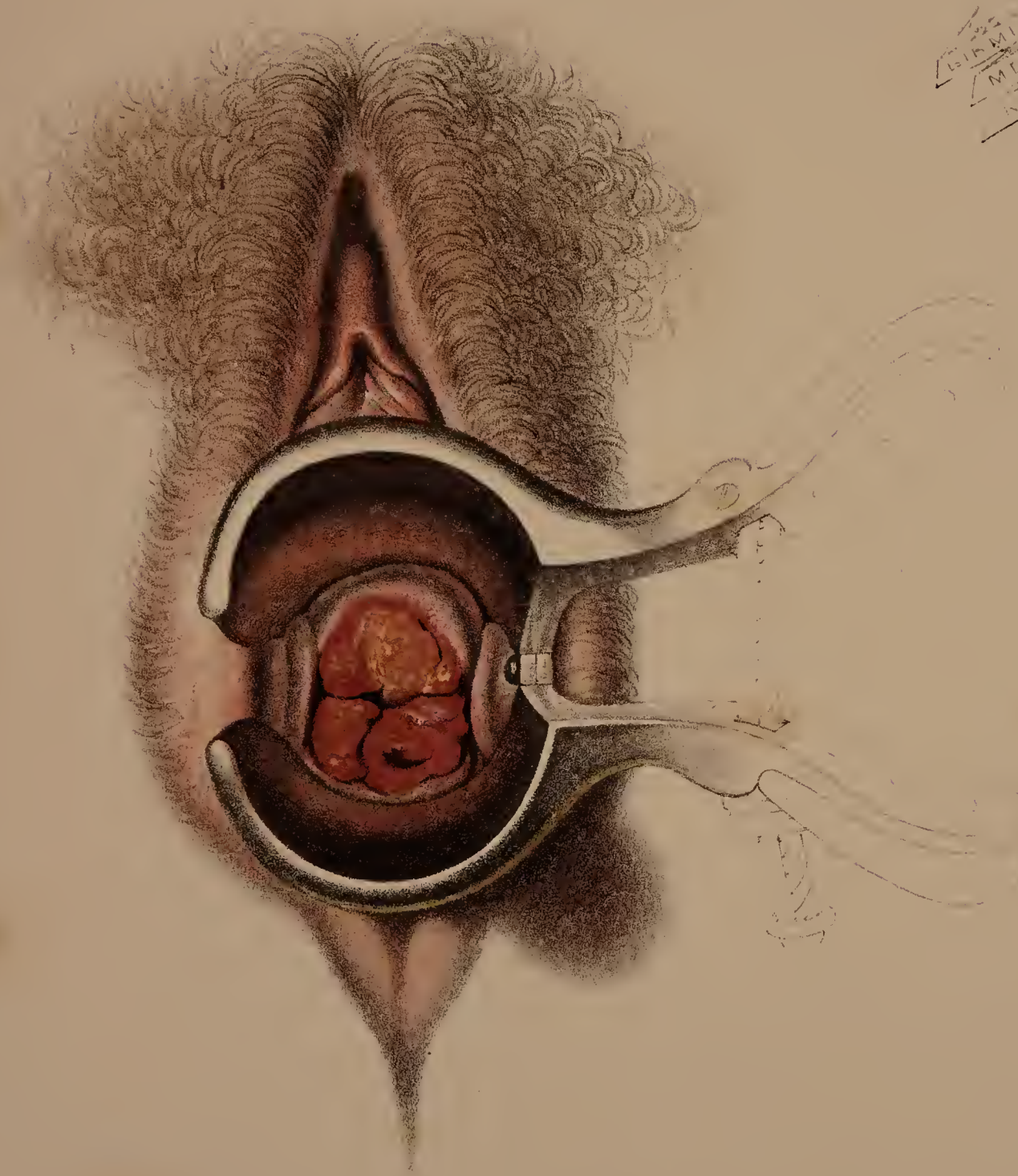
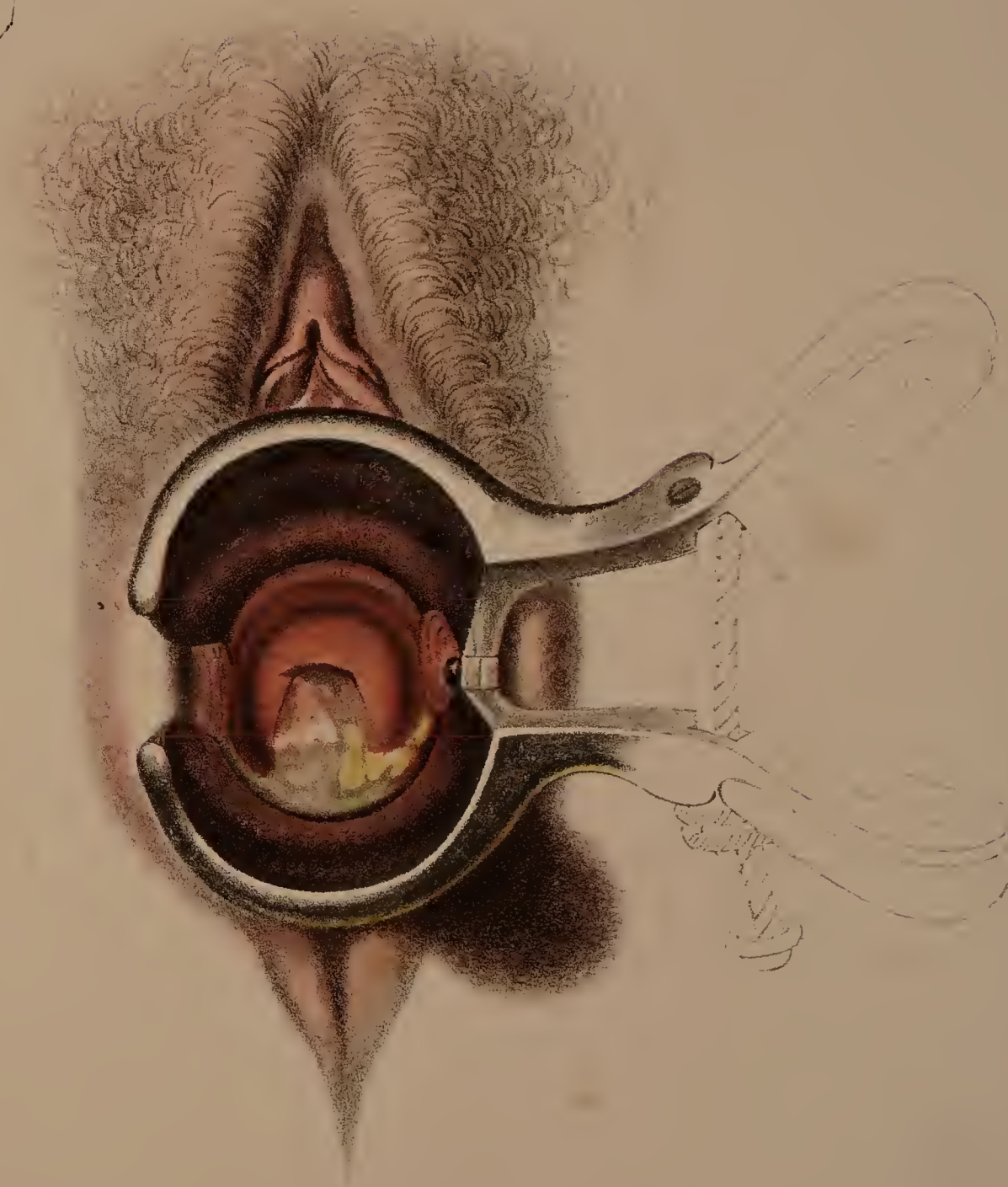


Fig. 5.



W. BIRMINGHAM
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Ulcerations

Emile Pecor del.

Catarrh.

PART I.

BLENNORRHAGIA.

PLATE IV.

PLATE IV.

FIG. 1.—BALANITIS.

The character of balanitis may, with advantage, be studied in this plate. It was impossible to say if sexual intercourse or a want of cleanliness was the cause. The general erysipelatous redness of the glans is well seen, and the excoriated appearance so often to be met with in this affection.

FIG. 2.—VEGETATIONS.

The subject of this complaint was a young man twenty-four years of age. States he never has had either gonorrhœa or chancres. The characters of the complaint are well seen; the clusters of the granules are very florid, each granule presenting a conical appearance, though collected into masses.

FIG. 3.—ECZEMA.

The appearances as seen in this plate are very characteristic of the affection; namely, the exudation of a serous fluid forming little scales, and the crevices are distinctly seen running between these little lamellæ, resulting from the drying of the exuded fluid. The history of the case was obscure; the patient advanced in life.

FIG. 4.—HERPES PRÆPUTIALIS.

Herpes in its various stages is delineated in this plate; commencing as a vesicular disease, its vesicles may ulcerate, and assume all the physical characters of chancre. The five or six vesicles will be seen on distinct patches of inflamed skin, differing in this respect from all other vesicular eruptions.

Fig 1.



Fig 2.



GLAMINGHAM
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Fig 3.



Fig 4.



PART II.

SYPHILIS.

PLATE I.

PLATE I.

FIG. 1.—INOCULATION—SIMPLE UNCOMPLICATED CHANCER.

The original drawing was taken at the Venereal Hospital, Paris, from a patient forty years of age. Connexion had taken place six weeks previously. The patient had continued his usual occupation of a blacksmith until two days prior to entering the hospital. The characters of simple chancre are well seen, more or less circular in shape, with loss of substance; the edges of the sore neither elevated nor indurated, only slightly oedematous, with a red areola. The bottom as well as the sides of the sore are covered with tenacious yellow lymph.

The letters *a, b, c, d, e, f, g*, point to the progress of the artificial chancre produced by inoculation on the thigh with the secretion of fig. 1; *a* represents the inoculated point six hours after the operation, the other letters at intervals of twenty-four hours. Letter *h* is the chancre on the thigh about the tenth day.

FIG. 2.—FOLLICULAR CHANCRES.

Represents a case similar to that of Mr. H., detailed at page 231. The drawing was taken two days after the appearance of the affection, and ten days after connexion. We observe the co-existence of gonorrhœa; the pus is seen issuing from the urethra. The principal object, however, is the developement of the virus in the follicles on the glans, resembling the appearance seen in fig. marked *a, b*.

FIG. 3.—CHANCRES ON THE LEG.

This drawing represents chancres existing on the leg; their nature was proved by inoculation, and the production of the characteristic pustule *a*. The characters are similar to those of simple chancre seen in fig. 1. The patient stated that for some time he had been in the daily habit of dressing a sore on the penis, and suffered at the same time from an eruption on the leg, which he often scratched; the eruption on his leg had subsequently festered.

Fig 1.



a

b

h

c

d

Fig 2.

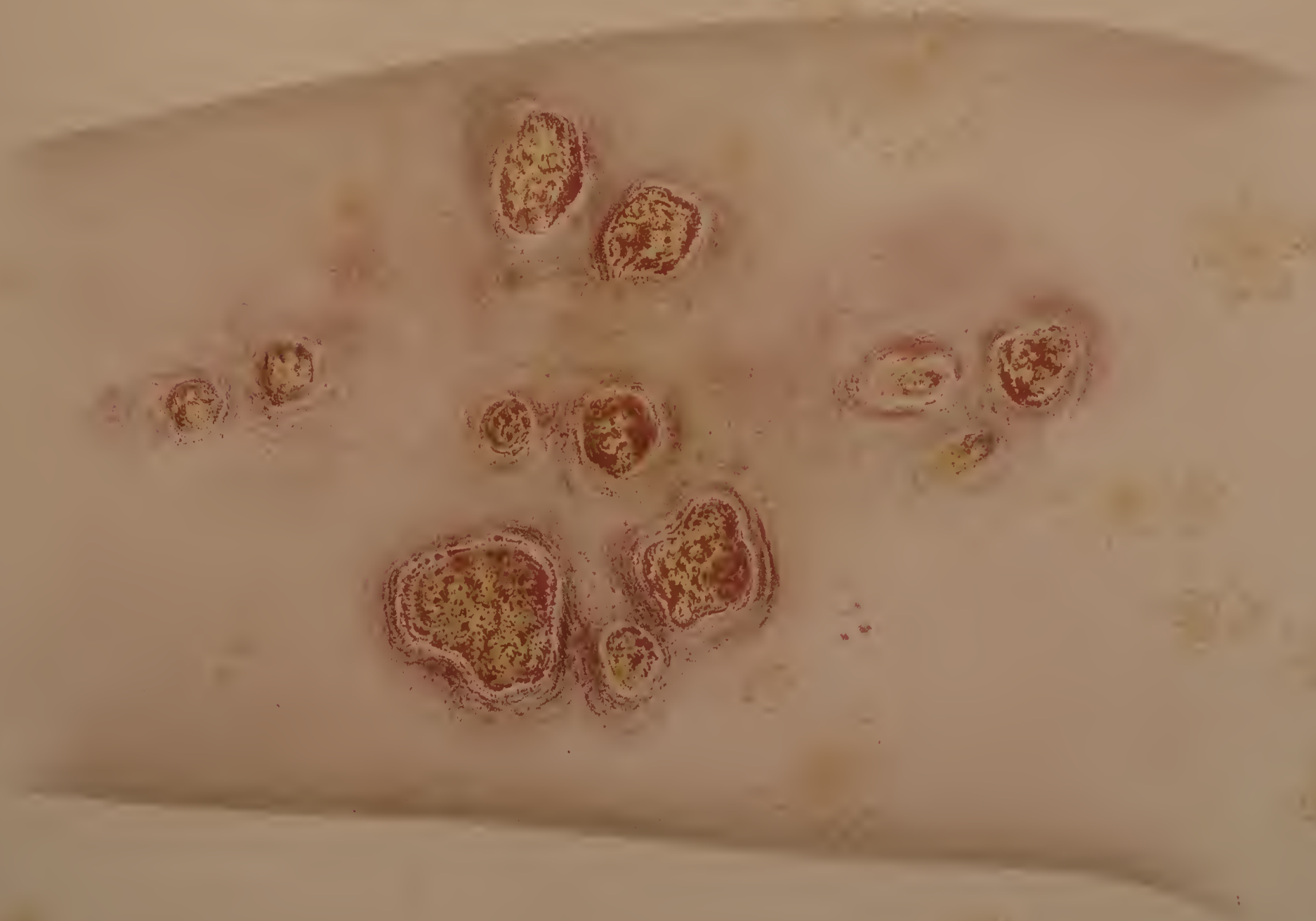
Part 1. Pl 1



a

THE
HISTOLOGICAL
INSTITUTE

Fig 3.



a

PART II.

SYPHILIS.

PLATE II.

PLATE II.

FIG. 4—*a*.

GANGLIONIC ULCERATED BUBO.

This drawing was taken from a patient under the care of M. Ricord. A mason by trade; twenty-nine years of age. On entering the hospital this patient's constitution appeared broken down by the combined effect of dissolute habits and poverty. A thin ichorous discharge flows from under the prepuce, from which a piece of lint, soaked in opium, is seen projecting. A distinct chord was felt, extending upwards, in the direction of the ganglionic bubo, which commenced as a pimple. It was impossible to collect dates from this person.

FIG. 4—*b*.

DIPHThERITIC PHAGEDENIC CHANCRE.

This is the uncovered glans penis delineated in last Fig.; the phagedena is seen extending rather in breadth than in depth; no induration accompanies it; but we observe some œdema around the ulceration. I should wish to call attention to the analogy of ulcerations in the same individual.

FIG. 5.—GANGRENOUS CHANCRE.

This affection occurred in a young man twenty years of age, a bargeman on the Seine; who drank freely. He stated that eighteen days previous to his admission, he had had connexion with a prostitute at Rouen; fourteen days after a black spot showed itself on the upper part of the prepuce, which had become swollen and red, and had increased to the extent seen in the drawing. The whole of the prepuce was destroyed in the succeeding thirty-six hours.

FIG. 6.

INDURATED PHAGEDENIC CHANCRE.

This patient, a tailor by trade, twenty-three years of age, of a beautiful transparent complexion, stated that six weeks previously he had contracted chancres; they healed under simple treatment, and the cicatrix became indurated, and then red; and lastly a sore began in the centre, which has since been extending; a similar sore existed on the other side of the glans. The molecular gangrene is very marked, and the transparent indurated circle around it, elevated and distinct from the surrounding skin, is well seen.



W. W. W. W. W.
M. S. C. A. L.
1871-72



PART II.

SYPHILIS.

PLATE III.

PLATE III.

FIG. 1.—MUCOUS TUBERCLES.—(CONDYLOMATA.)

The disease represented in this drawing occurred in a labourer of good constitution, twenty-four years of age. He stated that eight months previous to entering the hospital he exposed himself to contagion, and a bloody discharge flowed from the urethra; four months later, eruptions appeared on the skin, similar to those on the thigh. Six weeks prior to the period at which the drawing was taken, the mucous tubercles appeared on the scrotum, and around the anus, as the patient stated, in consequence of sitting on wet straw. He had resided in the country, and had not employed either local or general treatment. The case thus illustrates the natural history of Syphilis. The appearance

of the Condygomata occurring on various parts is worthy attention. On the prepuce they are very superficial, looking like excoriations or superficial chancres; on the scrotum they assume a somewhat papular appearance; around the anus they look like soft mucous or granular flat masses, raised above the surface of the surrounding skin; their surface is covered with a peculiar yellow lymph. On the mouth, the white-bleached mucous membrane is well delineated; on the body various modifications of secondary symptoms are seen; they are placed, in the drawing, on the thighs, but they existed on various parts of the body.



PART II.

SYPHILIS.

PLATE IV.

PLATE IV.

SYPHILITIC AFFECTIONS OF THE MOUTH AND THROAT.

SECONDARY.

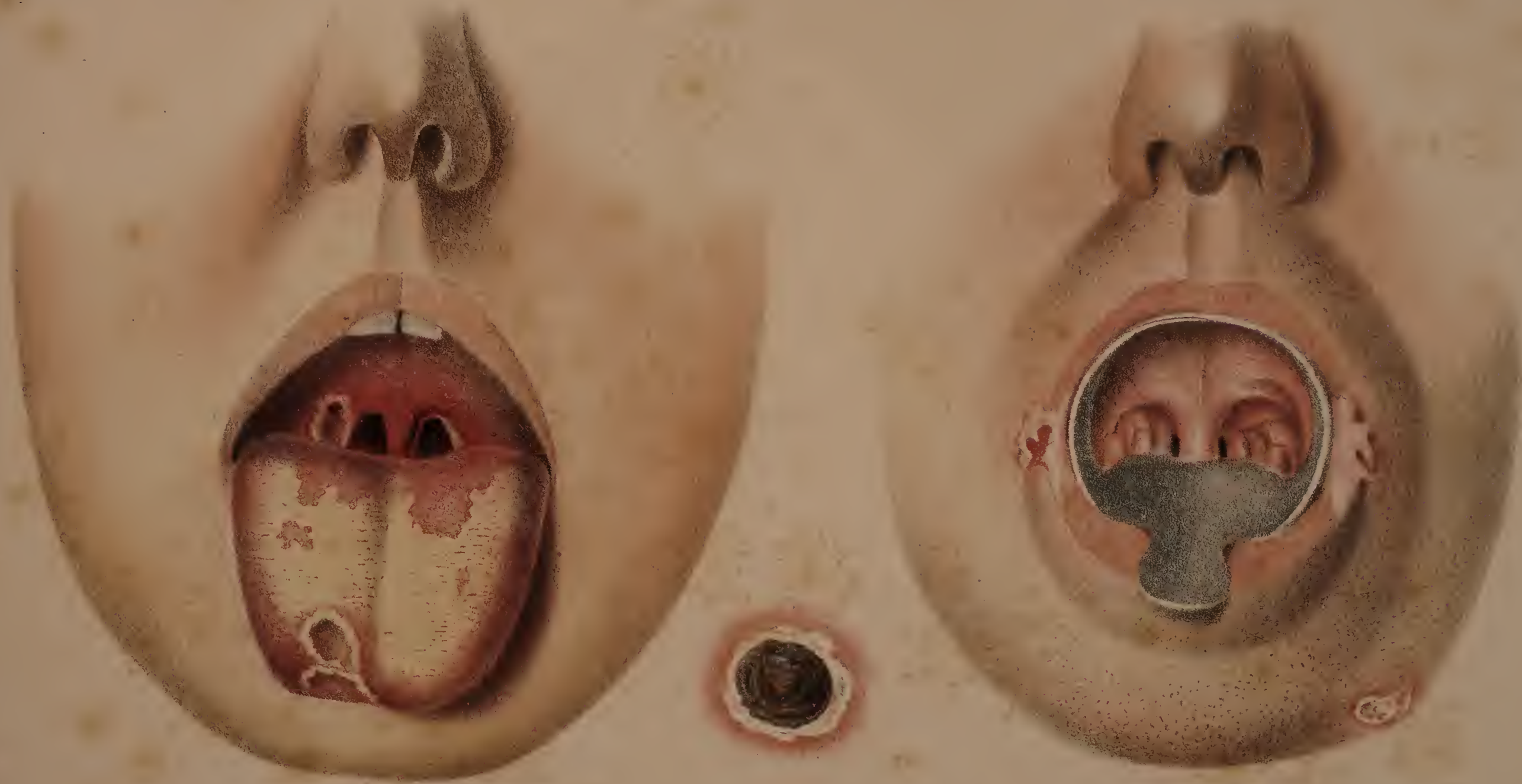
This patient entered St. Bartholomew's Hospital, in February last, under the care of Mr. Stanley. He stated that in the previous September he contracted chancres, which he cured with some aperient medicine. About Christmas he first perceived eruptions on the scalp, and his throat soon after became sore. I would direct attention to the analogy between the affections on the skin and the mucous membrane; they are seen to pass insensibly one into the other. In fact, the white and bleached superficial excoriation of the throat answers to the syphilitic lepra seen on the body. The speculum oris allowed us to gain a good view of the back part of the throat.

TERTIARY.

The subject of this complaint was a young girl who had led a very dissipated life. About fifteen months previous to the time the drawing was made, she had had primary symptoms, and had been in various hospitals, but I could not learn that she had ever taken mercury. The principal features of the disease are well seen. The absence of papilla on the tongue, where ulceration had previously existed, excavated ulcers covered with a pulpy secretion, and surrounded with a red areola, bespeak at once the tertiary symptoms; this is made more evident by the occurrence of rupia, which was present on various parts of her body.

SYPHILIS.

Part 2 Pl. IV.



from a drawing by C. Hullmandel.

Tertiary.

Sore Throat.

Secondary.

J. P. de la Roche.

